

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2013
Fill in circle if amendment ☐
Report Period: ☒ January/June ☐ July/December
Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both
Client Filing Fee Check Number:

FOR OFFICE USE ONLY

cm
II: 305 Madison Avenue, Suite 1600, NY, NY, 10165
late 11 days (P) 212-370-1530 (F) 212-370-2851
CL# 1102 II: (A) 585-232-6500
\$50 RECEIVED JUL 26 2013
ENTD AUG 08 2013

II Client Information

Name: Alliance of Fine Wine Wholesalers, Ltd (NY)
Permanent Business Address: 575 Underhill Boulevard, Suite 216
City: Syosset State: NY ZIP code: 11791
Business Phone: (201) 200-1801 Fax Number:
Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated
Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both
Name: Harter Secrest & Emery LLP Phone Number:
Address: 1600 Bausch & Lomb Place
City: Rochester State: NY ZIP code: 14604
Compensation for current period: \$30,000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: N/A Phone Number:
Address: N/A
City: N/A State: ZIP code:
Compensation for current period: \$0 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: N/A Phone Number:
Address: N/A
City: N/A State: ZIP code:
Compensation for current period: \$0 .00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$30,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 782	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ 0 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ 0 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$782	.00 (If applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the single source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a single source for a Contribution(s), use Section B.

A Below, list all Contributions received from the single source. Include the date and the amount of the Contribution received. If more than five Contributions from the single source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: David Bowler Wines

or
Single Source Person's Last Name: N/A

First Name:

Address: 119 West 23rd Street, Suite 703

City: New York

State: NY

ZIP code: 10011

Phone: 212-807-1680

Date Contribution Received: 02 / 28 / 2013 Amount of Contribution: \$3,057.57 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: Fond Du Lac Cold Storage

or
Single Source Person's Last Name: N/A

First Name:

Address: 78 Saw Mill Pond Rd.

City: Edison

State: NJ

ZIP code: 08817

Phone: 732-650-9200

Date Contribution Received: 03 / 04 / 2013 Amount of Contribution: \$3,057.57 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from single source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Martin Scott Wines

or

Single Source Person's Last Name:

First Name:

Address: 1981 Marcus Avenue, Suite E117

City: Lake Success

State: NY

ZIP code: 11042

Phone: 516-327-0808

Date Contribution Received: 03 / 11 / 2013 Amount of Contribution: \$3,057.57 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 4

Single Source Entity's Name: Michael Skurnik Wines, Inc.

or

Single Source Person's Last Name:

First Name:

Address: 575 Underhill Boulevard, Suite 216

City: Syosset

State: NY

ZIP code: 11791

Phone: 516-677-9300

Date Contribution Received: 03 / 06 / 2013 Amount of Contribution: \$ 3,057.57 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 5

Single Source Entity's Name: Monsieur Touton Selections, Ltd.

or

Single Source Person's Last Name:

First Name:

Address: 129 West 27th Street, 9th Floor

City: New York

State: NY

ZIP code: 10001

Phone: 212-255-0674

Date Contribution Received: 02 / 28 / 2013 Amount of Contribution: \$3,057.57 .00

Date Contribution Received: / / Amount of Contribution: \$.00

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Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6Single Source Entity's Name: Opid Wine Co. of New York

or

Single Source Person's Last Name:

First Name:

Address: 3 Manhattanville RoadCity: PurchaseState: NYZIP code: 10577Phone: 800-648-9463Date Contribution Received: 03 / 06 / 2013Amount of Contribution: \$ 3,057.57 .00Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 7**Single Source Entity's Name: Polaner Selections

or

Single Source Person's Last Name:

First Name:

Address: 19 North Moger Avenue, Suite BCity: Mt. KiscoState: NYZIP code: 10549Phone: 914-244-0404Date Contribution Received: 03 / 11 / 2013Amount of Contribution: \$ 3,057.57 .00Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 8**Single Source Entity's Name: Vias Imports Ltd.

or

Single Source Person's Last Name:

First Name:

Address: 875 Sixth Avenue, Suite 22City: New YorkState: NYZIP code: 10001Phone: 212-629-0200Date Contribution Received: 03 / 11 / 2013Amount of Contribution: \$ 3,057.57 .00Date Contribution Received: / /

Amount of Contribution: \$.00

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Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 9

Single Source Entity's Name: Winebow Inc.

or
Single Source Person's Last Name:

First Name:

Address: 236 West 26th Street, Suite 401

City: New York

State: NY

ZIP code: 10001

Phone: 800-445-0620

Date Contribution Received:	03 / 04 / 2013	Amount of Contribution: \$	3,057.57	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 10**

Single Source Entity's Name: Frederick Wildman

or
Single Source Person's Last Name:

First Name:

Address: 307 East 53rd Street

City: New York

State: NY

ZIP code: 10022

Phone: 212-355-0700

Date Contribution Received:	03 / 18 / 2013	Amount of Contribution: \$	3,057.57	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 11**

Single Source Entity's Name: Fleetwood Forwarding

or
Single Source Person's Last Name:

First Name:

Address: 100 Central Avenue, Bldg. 21

City: So. Kearny

State: NJ

ZIP code: 07032

Phone: 973-817-8970

Date Contribution Received:	03 / 22 / 2013	Amount of Contribution: \$	3,057.57	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: Verity Wine Partners

or
Single Source Person's Last Name:

First Name:

Address: 34 East 29th Street, 5th Floor

City: New York

State: NY

ZIP code: 10016

Phone: 212-683-8763

Date Contribution Received:	03 / 22 / 2013	Amount of Contribution: \$ 3,057.57	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 13**

Single Source Entity's Name: Hanover Warehouse

or
Single Source Person's Last Name:

First Name:

Address: 100 Central Avenue, Bldg. 17

City: So. Kearny

State: NJ

ZIP code: 07032

Phone: 973-589-7387

Date Contribution Received:	04 / 09 / 2013	Amount of Contribution: \$ 3,057.57	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 14**

Single Source Entity's Name: T. Edwards Wine Ltd.

or
Single Source Person's Last Name:

First Name:

Address: 66 West Broadway, Suite 406

City: New York

State: NY

ZIP code: 10007

Phone: 212-233-1504

Date Contribution Received:	03 / 01 / 2013	Amount of Contribution: \$ 3,057.57	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

V Source of Funding Disclosure**B Single Source Information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person: N/A

Entity's or Person's Full Name: N/A

Entity's or Person's Address: N/A

Entity's or Person's Phone: N/A

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: N/A

Entity's or Person's Full Name: N/A

Entity's or Person's Address: N/A

Entity's or Person's Phone: N/A

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐**Contributions from Single Source #2**

Related or Affiliated Entity or Person: N/A

Entity's or Person's Full Name: N/A

Entity's or Person's Address: N/A

Entity's or Person's Phone: N/A

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: N/A

Entity's or Person's Full Name: N/A

Entity's or Person's Address: N/A

Entity's or Person's Phone: N/A

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

VI Subjects lobbied:

AT REST

☐ Continued on attached pages**VII Person, State Agency, Municipality or Legislative Body lobbied:**

SENATE, ASSEMBLY, GOVERNORS OFFICE

☐ Continued on attached pages**VIII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

A2222/S1393, A5125/S3849, S1070/A5462

☐ Continued on attached pages**IX Title and Identifying Numbers of procurement contracts/documents lobbied:**☐ Continued on attached pages**X Number or Subject Matter of Executive Order of Governor/Municipality lobbied:**☐ Continued on attached pages**X Subject Matter of and tribes involved in tribal-state compacts, etc lobbied:**☐ Continued on attached pages**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See Instructions.)
I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: *David Waldenberg*
PRINT NAME: LAST: WALDENBERG
TITLE: PRESIDENT

DATE: 7/1/13
FIRST: DAVID

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.